Case 14-14359-BFK Doc 2 Filed 11/21/14 Entered 11/21/14 16:43:47 Desc Main Page 1 of 15 Document

# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA

14-14359

# **CHAPTER 13 PLAN** AND RELATED MOTIONS

Case No:

Name of Debtor(s): Antonia Aiken	Case No:
This plan, dated November 21, 2014, is:	
the <i>first</i> Chapter 13 plan filed in this case.  a modified Plan, which replaces the □confirmed or □unconfirmed Plan dated.	
Date and Time of Modified Plan Confirming Hearing:	
Place of Modified Plan Confirmation Hearing:	
The Plan provisions modified by this filing are:	
Creditors affected by this modification are:	

**Timothy Aiken** 

Name of Debtor(s):

NOTICE: YOUR RIGHTS WILL BE AFFECTED. You should read these papers carefully. If you oppose any provision of this Plan, or if you oppose any included motions to (i) value collateral, (ii) avoid liens, or (iii) assume or reject unexpired leases or executory contracts, you MUST file a timely written objection.

This Plan may be confirmed and become binding, and the included motions in paragraphs 3, 6, and 7 to value collateral, avoid liens, and assume or reject unexpired leases or executory contracts may be granted, without further notice or hearing unless a written objection is filed not later than seven (7) days prior to the date set for the confirmation hearing and the objecting party appears at the confirmation hearing.

The debtor(s)' schedules list assets and liabilities as follows:

Total Assets: \$10,579.81

Total Non-Priority Unsecured Debt: \$34,888.46

Total Priority Debt: \$0.00 Total Secured Debt: \$1,400.00

# Case 14-14359-BFK Doc 2 Filed 11/21/14 Entered 11/21/14 16:43:47 Desc Main Document Page 2 of 15

_	1 /			$\overline{}$		
	/		/	1 ~	<u>_</u>	
	_	•	_			

- **1. Funding of Plan.** The debtor(s) propose to pay the trustee the sum of \$665.50 Monthly for 60 months. Other payments to the Trustee are as follows: **NONE** . The total amount to be paid into the plan is \$ 39,930.00 .
- 2. **Priority Creditors.** The Trustee shall pay allowed priority claims in full unless the creditor agrees otherwise.
  - A. Administrative Claims under 11 U.S.C. § 1326.
    - 1. The Trustee will be paid the percentage fee fixed under 28 U.S.C. § 586(e), not to exceed 10%, of all sums disbursed except for funds returned to the debtor(s).
    - 2. Debtor(s)' attorney will be paid \$ 850.00 balance due of the total fee of \$ 1,500.00 concurrently with or prior to the payments to remaining creditors.
  - B. Claims under 11 U.S.C. §507.

The following priority creditors will be paid by deferred cash payments pro rata with other priority creditors or in monthly installments as below, except that allowed claims pursuant to 11 U.S.C. § 507(a)(1) will be paid prior to other priority creditors but concurrently with administrative claims above:

<u>Creditor</u> <u>Type of Priority</u> <u>Estimated Claim</u> <u>Payment and Term</u>

- 3. Secured Creditors: Motions to Value Collateral ("Cramdown"), Collateral being Surrendered, Adequate Protection Payments, and Payment of certain Secured Claims.
  - A. Motions to Value Collateral (other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) or by the final paragraph of 11 U.S.C. § 1325(a)). Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion to value collateral as set forth herein.

This section deals with valuation of certain claims secured by real and/or personal property, other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) [real estate which is debtor(s)' principal residence] or by the final paragraph of 11 U.S.C. § 1325(a) [motor vehicles purchased within 910 days or any other thing of value purchased within 1 year before filing bankruptcy], in which the replacement value is asserted to be less than the amount owing on the debt. Such debts will be treated as secured claims only to the extent of the replacement value of the collateral. That value will be paid with interest as provided in sub-section D of this section. You must refer to section 3(D) below to determine the interest rate, monthly payment and estimated term of repayment of any "crammed down" loan. The deficiency balance owed on such a loan will be treated as an unsecured claim to be paid only to the extent provided in section 4 of the Plan. The following secured claims are to be "crammed down" to the following values:

<u>Creditor</u> <u>Collateral</u> <u>Purchase Date</u> <u>Est Debt Bal.</u> <u>Replacement Value</u>

#### B. Real or Personal Property to be Surrendered.

Upon confirmation of the Plan, or before, the debtor(s) will surrender his/her/their interest in the collateral securing the claims of the following creditors in satisfaction of the secured portion of such creditors' allowed claims. To the extent that the collateral does not satisfy the claim, any timely filed deficiency claim to which the creditor is entitled may be paid as a non-priority unsecured claim. Confirmation of the Plan shall terminate the automatic stay as to the interest of the debtor(s) and the estate in the collateral.

<u>Creditor</u> <u>Collateral Description</u> <u>Estimated Value</u> <u>Estimated Total Claim</u>

# Case 14-14359-BFK Doc 2 Filed 11/21/14 Entered 11/21/14 16:43:47 Desc Main Document Page 3 of 15

## C. Adequate Protection Payments.

14 - 14359

The debtor(s) propose to make adequate protection payments required by 11 U.S.C. § 1326(a) or otherwise upon claims secured by personal property, until the commencement of payments provided for in sections 3(D) and/or 6(B) of the Plan, as follows:

Creditor

Collateral Description

Adeq. Protection Monthly Payment

To Be Paid By

-NONE-

Any adequate protection payment upon an unexpired lease of personal property assumed by the debtor(s) pursuant to section 6(B) of the Plan shall be made by the debtor(s) as required by 11 U.S.C. § 1326(a)(1)(B) (payments coming due after the order for relief).

D. Payment of Secured Claims on Property Being Retained (except only those loans provided for in section 5 of the Plan):

This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax liens and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, whichever is less, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. Upon confirmation of the Plan, the valuation and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.

Creditor

Collateral

Approx. Bal. of Debt or "Crammed Down" Value

Interest Rate

Monthly Paymt & Est. Term\*\*

-NONE-

#### E. Other Debts.

Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' primary residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 5 of the Plan.

- 4. Unsecured Claims.
  - A. Not separately classified. Allowed non-priority unsecured claims shall be paid pro rata from any distribution remaining after disbursement to allowed secured and priority claims. Estimated distribution is approximately 100
     %. The dividend percentage may vary depending on actual claims filed. If this case were liquidated under Chapter 7, the debtor(s) estimate that unsecured creditors would receive a dividend of approximately 0. %.
  - B. Separately classified unsecured claims.

Creditor -NONE-

**Basis for Classification** 

Treatment

# Case 14-14359-BFK Doc 2 Filed 11/21/14 Entered 11/21/14 16:43:47 Desc Main Document Page 4 of 15

5.	Mortgage Loans Secured by Real Property Constituting the Debtor(s)' Primary Residence; Other Long Term 4 3 5 9
	Payment Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any
	existing default under 11 U.S.C. § 1322(b)(5).

A. Debtor(s) to make regular contract payments; arrears, if any, to be paid by Trustee. The creditors listed below will be paid by the debtor(s) pursuant to the contract without modification, except that arrearages, if any, will be paid by the Trustee either pro rata with other secured claims or on a fixed monthly basis as indicated below, without interest unless an interest rate is designated below for interest to be paid on the arrearage claim and such interest is provided for in the loan agreement.

		Regular		Arrearage		Monthly
		Contract	Estimated	Interest	Estimated	Arrearage
Creditor	Collateral	Payment	Arrearage	Rate	Cure Period	Payment
M&T Bank	Auto: Make: Chrysler	330.00	355.00	0%	2 months	Prorata
	Model: 2006 Pacifica					

Location: 43763 Bent Creek Terrace LEESBURG, VA 20176

Mileage: 89,682

**B.** Trustee to make contract payments and cure arrears, if any. The Trustee shall pay the creditors listed below the regular contract monthly payments that come due during the period of this Plan, and pre-petition arrearages on such debts shall be cured by the Trustee either pro rata with other secured claims or with monthly payments as set forth below.

		Regular			Monthly
		Contract	Estimated Interest	Term for	Arrearage
Creditor	Collateral	Payment	Arrearage Rate	Arrearage	Payment
-NONE-					

C. Restructured Mortgage Loans to be paid fully during term of Plan. Any mortgage loan against real estate constituting the debtor(s)' principal residence upon which the last scheduled contract payment is due before the final payment under the Plan is due shall be paid by the Trustee during the term of the Plan as permitted by 11 U.S.C. § 1322(c)(2) with interest at the rate specified below as follows:

		Interest	Estimated	
Creditor	Collateral	Rate	Claim	Monthly Paymt& Est. Term**
NONE		<del></del>		

- **6. Unexpired Leases and Executory Contracts.** The debtor(s) move for assumption or rejection of the executory contracts and leases listed below.
  - A. Executory contracts and unexpired leases to be rejected. The debtor(s) reject the following executory contracts.

Creditor	Type of Contract
-NONE-	

**B.** Executory contracts and unexpired leases to be assumed. The debtor(s) assume the following executory contracts. The debtor agrees to abide by all terms of the agreement. The Trustee will pay the pre-petition arrearages, if any, through payments made pro rata with other priority claims or on a fixed monthly basis as indicated below.

Creditor	Type of Contract	Arrearage	Monthly Payment for Arrears	Estimated Cure Period
-NONE-				

Case 14-14359-BFK Doc 2 Filed 11/21/14 Entered 11/21/14 16:43:47 Desc Main Document Page 5 of 15

7. L	iens W	hich Del	btor(s) So	eek to A	void.
------	--------	----------	------------	----------	-------

14 - 14359

A. The debtor(s) move to avoid liens pursuant to 11 U.S.C. § 522(f). The debtor(s) move to avoid the following judicial liens and non-possessory, non-purchase money liens that impair the debtor(s)' exemptions. Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion and cancel the creditor's lien. If an objection is filed, the Court will hear evidence and rule on the motion at the confirmation hearing.

Creditor -NONE-

Collateral

**Exemption Amount** 

Value of Collateral

**B.** Avoidance of security interests or liens on grounds other than 11 U.S.C. § 522(f). The debtor(s) have filed or will file and serve separate pleadings to avoid the following liens or security interests. The creditor should review the notice or summons accompanying such pleadings as to the requirements for opposing such relief. The listing here is for information purposes only.

Creditor -NONE-

**Exhibits:** 

Type of Lien

Description of Collateral

Basis for Avoidance

- 8. Treatment and Payment of Claims.
  - All creditors must timely file a proof of claim to receive payment from the Trustee.
  - If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
  - If a claim is listed in the plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
  - The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.
- **9. Vesting of Property of the Estate.** Property of the estate shall revest in the debtor(s) upon confirmation of the Plan. Notwithstanding such vesting, the debtor(s) may not sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.
- 10. Incurrence of indebtedness. The debtor(s) shall not voluntarily incur additional indebtedness exceeding the cumulative total of \$5,000 principal amount during the term of this Plan, either unsecured or secured against personal property, except upon approval of the Court after notice to the Trustee, any creditor who has filed a request for notice, and other creditors to the extent required by the Local Rules of this Court.
- 11. Other provisions of this plan:

Signatures:	
Dated: November 21, 2014	
/s/ Timothy Aiken	/s/ Katherine Martell
Timothy Aiken	Katherine Martell 77027
Debtor	Debtor's Attorney
/s/ Antonia Aiken	
Antonia Aiken	
Joint Debtor	

Page 5of 6

Copy of Debtor(s)' Budget (Schedules I and J);

Matrix of Parties Served with Plan

Case 14-14359-BFK Doc 2 Filed 11/21/14 Entered 11/21/14 16:43:47 Desc Main Document Page 6 of 15

14-14359

### Certificate of Service

I certify that on November 21, 2014, I mailed a copy of the foregoing to the creditors and parties in interest on the attached Service List.

/s/ Katherine Martell
Katherine Martell 77027
Signature

10615 Judicial Drive
Suite 101
Fairfax, VA 22030
Address

(703) 385-6868
Telephone No.

Ver. 09/17/09 [effective 12/01/09]

Case 14-14359-BFK Doc 2 Filed 11/21/14 Entered 11/21/14 16:43:47 Desc Main Document Page 7 of 15

	this information to identify you	case:		14-1435
Debte	or 1 Timothy A	iken		
Debto (Spous	or 2 Antonia A	ken		
Unite	d States Bankruptcy Court for t	he: EASTERN DISTRICT	Γ OF VIRGINIA	
Off Sc Be as suppl spous attach	icial Form B 6I hedule I: Your Incomplete and accurate as polying correct information. If your Incomplete and your see. If you are separated and your incomplete and y	essible. If two married peo ou are married and not fill our spouse is not filing w	ople are filing together (Debtor 1 and ing jointly, and your spouse is living vith you, do not include information a	Check if this is:  An amended filing A supplement showing post-petition chapter 13 income as of the following date:  MM / DD/ YYYY  12/1:  Debtor 2), both are equally responsible for with you, include information about your bout your spouse. If more space is needed,
Part '			ional pages, write your name and cas	se number (if known). Answer every questio
1.	1: Describe Employment information.		ional pages, write your name and cas	
1.	Fill in your employment	nt		se number (if known). Answer every questio
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
1.	Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.	nt	Debtor 1  ■ Employed	Debtor 2 or non-filing spouse  Employed
1.	Fill in your employment information.  If you have more than one job, attach a separate page with information about additional	Employment status	Debtor 1  ■ Employed □ Not employed DIRECTOR CONSTRUCTION	Debtor 2 or non-filing spouse  Employed  Not employed
1.	Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or	Employment status  Occupation  Employer's name	Debtor 1  ■ Employed □ Not employed DIRECTOR CONSTRUCTION SERVICES	Debtor 2 or non-filing spouse  Employed Not employed PROECT SPECIALIST

## **Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 7,916.65 4,859.14 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 0.00 3. Calculate gross Income. Add line 2 + line 3. 7,916.65 4,859.14

Official Form B 6I **Schedule I: Your Income** page 1

Deb Deb	tor 1 tor 2	Timothy Aiken Antonia Aiken		Case	e number ( <i>if known</i> )		14-14	359
	Con	by line 4 here	4.	Fo \$	7,916.65	non-f	Debtor 2 or filing spouse	
	Cot	y line 4 nere	4.	Φ_	7,916.65	\$	4,859.14	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$_	2,064.44	\$	970.80	
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	0.00	
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c. 5d.	\$_ \$	237.51	\$	144.99	
	5e.	Insurance	5a. 5e.	\$_	0.00	\$ <u></u>	0.00 479.22	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify: AD&D	5h.+	\$	0.00	+ \$	20.76	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	2,301.95	\$	1,615.77	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	5,614.70	\$	3,243.37	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a depende regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	ent 8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$_	0.00	\$	0.00	
	8g.	Pension or retirement income	8g. 8h.+	\$_ \$	0.00		0.00	
	8h.	Other monthly income. Specify:	011.+	Ψ_	0.00	† <b>»</b> —	0.00	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00	
10.		culate monthly income. Add line 7 + line 9.  I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		5,614.70 + \$_	3,24	= \$ 8,8	358.07
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedulude contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are notify:	our depen		•	•	chedule J. 11. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The te that amount on the Summary of Schedules and Statistical Summary of Cellies						358.07
13.	Do	you expect an increase or decrease within the year after you file this for	rm?				Combined monthly inc	come
		No. Yes Explain:						

Case 14-14359-BFK Doc 2 Filed 11/21/14 Entered 11/21/14 16:43:47 Desc Main Document Page 9 of 15

14-14359

Fill	in this information to identify your case:				14-14359	
	otor 1 Timothy Aiken		Chec	ck if this is:		
	Timothy Airen			An amended filing		
	Antonia Aiken			A supplement show 13 expenses as of	ving post-petition chapter	
(Spo	ouse, if filing)			13 expenses as on	the following date.	
Unit	ed States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGIN	IA	<del>-</del>	MM / DD / YYYY		
Cas	e number			☐ A separate filing for Debtor 2 because Debtor		
(If k	nown)			2 maintains a sepa	rate household	
0	fficial Form B 6J					
S	chedule J: Your Expenses				12/13	
Be info	as complete and accurate as possible. If two married people ar ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question.					
	t 1: Describe Your Household Is this a joint case?					
1.	No. Go to line 2.					
	Yes. Does Debtor 2 live in a separate household?					
	No					
	Yes. Debtor 2 must file a separate Schedule J.					
2.	Do you have dependents?  \[ \sum_{No} \]					
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?	
	Do not state the				□ No	
	dependents' names.	Son			■ Yes	
		Son		28	□ No ■ Yes	
					■ res	
					☐ Yes	
					□ No	
3.	Do your expenses include ■ No				☐ Yes	
J.	expenses of people other than yourself and your dependents?					
Par	t 2: Estimate Your Ongoing Monthly Expenses					
exp	imate your expenses as of your bankruptcy filing date unless y penses as of a date after the bankruptcy is filed. If this is a supp plicable date.					
the	lude expenses paid for with non-cash government assistance i value of such assistance and have included it on Schedule I: I ficial Form 6I.)			Your expe	enses	
(Ο.	,					
4.	The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.		e 4. \$		2,460.00	
	If not included in line 4:					
	4a. Real estate taxes		4a. \$	5	0.00	
	4b. Property, homeowner's, or renter's insurance		4b. \$	5	30.00	
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		80.00	
5	4d. Homeowner's association or condominium dues	mo oquity loops	4d. \$	·	90.00	
5.	Additional mortgage payments for your residence, such as ho	me equity loans	5. \$		0.00	

		tor 1 Timothy Aiken tor 2 Antonia Aiken	Case nun	nber (if known)	14-14359
68. Electricity, heat, natural gas 68. Water, sewer, garbage collection 60. Telephone, cell phone, Internet, satellite, and cable services 60. Telephone, cell phone, Internet, satellite, and cable services 60. Chern, Specity. PHONE FOR MOTHER-IN-LAW IN NURSING HOME VERIZON WIRELESS CELL PHONES CLEANING WASHINGTON GAS PRE-PAID CELL PHONE 7. Food and housekeeping supplies 7. S 5,000 7. Food and housekeeping supplies 7. S 1,500.00 7. Food and housekeeping supplies 8. S 0,000 9. Clothing, laundry, and dry cleaning 9. S 190,000 10. Personal care products and services 10. S 175,000 10. Personal care products and services 11. S 250,000 10. Personal care products and services 11. S 250,000 10. Tenson time the service of the				_	
6b.   S   34-00	6.		60	¢	350.00
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other, Specify: PhONE FOR MOTHER-IN-LAW IN NURSING HOME VERIZON WIRELESS CELL PHONES  CLEANING WASHINGTON GAS \$ 70,00 PRE-PAID CELL PHONE \$ 50,000 7. Food and housekeeping supplies 7. \$ 1,500,00 8. Childcare and children's education costs 8. \$ 0,000 9. Clothing, laundry, and dry cleaning 9. \$ 190,000 10. Personal care products and services 11. \$ 250,000 11. Medical and dental expenses 11. \$ 250,000 12. Transportation, include gas, maintenance, bus or train fare. 12. Transportation, include gas, maintenance, bus or train fare. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 300,000 14. Charitable contributions and religious donations 15. Insurance. 16. Charitable contributions and religious donations 16. Insurance. 17. S 10,000 18. Vehicle insurance generic. 18. Unique insurance generic. 18. Unique insurance generic. 18. Unique insurance generic. 18. Unique insurance generic. 18. \$ 110,00 18. \$ 300,00 19. Personal care products and religious donations 19. Specify: PROPERTY TAX Specify: PROPERTY TAX Specify: PROPERTY TAX Specify: PROPERTY TAX Specify: NEW MEXICO LAND 19. Lost insurance generics 19. Car payments for Vehicle 1 19. Car payments for Vehicle 2 19. Car payments for Vehicle 2 19. Car payments for Vehicle 1 19. Car payments for Vehicle 2 19. Car payments for Vehicle 2 19. Other. Specify: 17. S 0,000 19. Other specify: 17. S 0,00				·	•
Color   Colo					-
VERIZON WIRELESS CELL PHONES   \$ 135.00				·	
CLEANING   WASHINGTON GAS   \$ 77.00			<u> </u>	·	
WASHINGTON GAS				· -	•
PRE-PAID CELL PHONE					
7. Food and housekeeping supplies 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$ 190.00 10. Personal care products and services 11. \$ 175.00 11. Medical and dental expenses 12. \$ 650.00 12. Transportation, include gas, maintenance, bus or train fare. 12. \$ 650.00 13. \$ 650.00 14. \$ 650.00 15. Intertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 300.00 14. \$ 80.00 15. Insurance. 15. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 0.00 15c. Vehicle insurance 15c. Vehicle insurance specify 15d. Other insurance. Specify 15d. Other insurance. Specify 15d. Other insurance. Specify 15d. Other insurance. Specify 16d. Other insurance. Specify 17d. \$ 0.00 17d. Other Specify: \$ 0.00 17d. Other, Spe				·	•
8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. S 190.00 10. Personal care products and services 11. \$ 175.00 11. Medical and dental expenses 11. \$ 250.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 650.00 13. \$ 300.00 14. Charitable contributions and religious donations 14. \$ 80.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance. 15c. Vehicle insurance. 15d. \$ 110.00 15c. Vehicle insurance. 15d. \$ 0.00 15d. Traxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15g. Life insurance. 15d. \$ 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. The insurance. 15d. \$ 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. \$ 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. \$ 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. \$ 0.00 17d. Car payments for Vehicle 1 17a. \$ 339,00 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specity: 17d. \$ 0.00 17d. Other. Specity: 17d. \$ 0.00				·	50.00
10   Personal care products and services   10   \$   175.00	7.	Food and housekeeping supplies	7.	. \$	1,500.00
10.   \$   175.00	8.	Childcare and children's education costs	8	. \$	0.00
Medical and dental expenses	9.	Clothing, laundry, and dry cleaning	9.	. \$	190.00
12.   \$ 650.00	10.	Personal care products and services	10	. \$	175.00
Do not include car payments.  12. \$ 650.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 300.00 14. Charitable contributions and religious donations 14. \$ 80.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 110.00 15b. Lefalth insurance 15c. Vehicle insurance specify 15d. \$ 307.00 15d. Other insurance. Specify 15d. \$ 0.00 15d. Charitable care deducted from your pay or included in lines 4 or 20. Specify: PROPERTY TAX 16. \$ 17.00 Specify: NEW MEXICO LAND 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 61), 19. Other payments you make to support others who do not live with you. 19. Other payments you make to support others who do not live with you. 20a. A forgages on other property 20a. Morgages on other property 20a. Secify: 20b. Real estate taxes 20c. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.0	11.	Medical and dental expenses	11.	. \$	250.00
Do not include car payments.  12. \$ 650.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 300.00 14. Charitable contributions and religious donations 14. \$ 80.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 110.00 15b. Lefalth insurance 15c. Vehicle insurance specify 15d. \$ 307.00 15d. Other insurance. Specify 15d. \$ 0.00 15d. Charitable care deducted from your pay or included in lines 4 or 20. Specify: PROPERTY TAX 16. \$ 17.00 Specify: NEW MEXICO LAND 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 61), 19. Other payments you make to support others who do not live with you. 19. Other payments you make to support others who do not live with you. 20a. A forgages on other property 20a. Morgages on other property 20a. Secify: 20b. Real estate taxes 20c. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and tykeep expenses 20d. \$ 0.0	12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare.		-	<del></del>
14. Charitable contributions and religious donations  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 110.00 15c. Vehicle insurance 15c. \$ 307.00 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: PROPERTY TAX 16. \$ 17.00 Specify: PROPERTY TAX 17a. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. \$ 0.83 17. Installment or lease payments: 17a. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17c. Other. Specify: 17d. Other.				· · · · · · · · · · · · · · · · · · ·	650.00
15. Insurance	13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13	. \$	300.00
Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15d. \$ 307.00  15d. Other insurance. Specify: 15d. \$ 0.00  16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: PROPERTY TAX Specify: NEW MEXICO LAND  17b. Specify: NEW MEXICO LAND 17c. Other. Specify: 17d. Car payments for Vehicle 1 17e. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Speci	14.	Charitable contributions and religious donations	14	. \$	80.00
15a. Life insurance	15.	Insurance.			
15b. Health insurance					
15c. Vehicle insurance   15c. \$   307.00     15d. Other insurance. Specify:   15d. \$   0.00     15d. Other insurance. Specify:   15d. \$   0.00     15d. Other insurance. Specify:   15d. \$   0.00     15d. Specify:   PROPERTY TAX   16. \$   17.00     Specify:   PROPERTY TAX   16. \$   17.00     Specify:   PROPERTY TAX   16. \$   17.00     Specify:   PROPERTY TAX   16. \$   0.83     17a.   17a.   2   2   2   2     17b.   2   2   2   2   2     17b.   339.00     17b.   Car payments for Vehicle 1   17a. \$   339.00     17b.   Car payments for Vehicle 2   17b. \$   0.00     17d. Other. Specify:   17c. \$   0.00     17d. Other. Specify:   17d. \$   0.00     17d. Other. Specify:   17d. \$   0.00     18				*	110.00
15d. Other insurance. Specify:  15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: PROPERTY TAX  Specify: NEW MEXICO LAND  16. \$ 17.00  Specify: NEW MEXICO LAND  17d. Specify: NEW MEXICO LAND  18 17a. \$ 339.00  17b. Car payments for Vehicle 1 17a. \$ 339.00  17c. Other. Specify: 17c. Specify: 17c. Specify: 17c. Specify: 17c. Other. Specify: 18c. Other. Specify:		15b. Health insurance	15b	. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   Specify: PROPERTY TAX   16. \$   17.00     Specify: NEW MEXICO LAND   \$   0.83     Installment or lease payments:   17a. Car payments for Vehicle 1   17a. \$   339.00     17b. Car payments for Vehicle 2   17b. \$   0.00     17c. Other. Specify:   17c. \$   0.00     17d. Other. Specify:   17d. \$   0.00     17d. Other. Specify:   17d. \$   0.00     17d. Other. Specify:   17d. \$   0.00     18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).   18. \$   0.00     19. Other payments of vehicle 1   19.   19.     20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.   20a. \$   0.00     20b. Real estate taxes   20b. \$   0.00     20b. Real estate taxes   20b. \$   0.00     20c. Property, homeowner's, or renter's insurance   20c. \$   0.00     20d. Maintenance, repair, and upkeep expenses   20d. \$   0.00     20d. Maintenance, repair, and upkeep expenses   20d. \$   0.00     20d. Homeowner's association or condominium dues   20e. \$   0.00     21. Other: Specify: RADIO SUBSCRIPTION   21. +\$   9.99     PET INSURANCE   +\$   7.99     PET INSURANCE   +\$   8.39     GOOGLE STORAGE   +\$   8.39     GOOGLE STORAGE   +\$   8.39     Calculate your monthly expenses. Add lines 4 through 21.   22. \$   8,034.69     The result is your monthly expenses from line 22 above.   23b. \$   8,034.69     23c. Subtract your monthly expenses from your monthly income.   23c. Subtract your monthly expenses from your monthly income.   23c. Subtract your monthly expenses from your monthly income.   23c. Subtract your monthly expenses from your monthly income.   23c. Subtract your monthly expenses from your monthly income.   23c. Subtract your monthly expenses from your monthly income.   23c. Subtract your monthly expenses from your monthly income.   23c. Subtract your monthly expenses from your monthly income.   23c. Subt			15c	. \$	307.00
Specify:   PROPERTY TAX   16. \$   17.00		15d. Other insurance. Specify:	15d	. \$	0.00
Specify: NEW MEXICO LAND   \$ 0.83	16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.			
17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. \$ 339.00 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as deduced from your pay on line 5, Schedule I, Your Income (Official Form 6I). 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: RADIO SUBSCRIPTION 21. +\$ 9.99 PET INSURANCE +\$ 58.00 HULU MEDIA NETFLIX MEDIA SOOGLE STORAGE  22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from your monthly income.		Specify: PROPERTY TAX	16	. \$	17.00
17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. S 0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6i). 19. Other payments you make to support others who do not live with you. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: RADIO SUBSCRIPTION 21. +\$ 9.99 PET INSURANCE HULU MEDIA NETFLIX MEDIA GOOGLE STORAGE 22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses. 23c. Calculate your monthly hexpenses. 23c. Calculate your monthly expenses from line 22 above. 23c. Subtract your monthly expenses from your monthly income) 23c. Subtract your monthly expenses from your monthly income.		Specify: NEW MEXICO LAND		\$	0.83
17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Surpayments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18. Your payments you make to support others who do not live with you. Specify: 19. 20. Other payments you make to support others who do not live with you. Specify: 19. 20. Mortgages on other property 20a. Specify: 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Specify: 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. Specify: 210. 210. Other: Specify: 211. Specify: 212. Specify: 213. Specify: 249. Specify: 240. Specify: 250. Specify: 260. Specify: 270. Specify: 270	17.	Installment or lease payments:			
17c. Other. Specify:       17c. \$       0.00         17d. Other. Specify:       17d. \$       0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).       18. \$       0.00         19. Other payments you make to support others who do not live with you. Specify:       19.       0.00         20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.       20a. \$       0.00         20a. Mortgages on other property       20a. \$       0.00         20b. Real estate taxes       20b. \$       0.00         20c. Property, homeowner's, or renter's insurance       20c. \$       0.00         20d. Maintenance, repair, and upkeep expenses       20d. \$       0.00         20e. Homeowner's association or condominium dues       20e. \$       0.00         21. Other: Specify: RADIO SUBSCRIPTION       21. +\$       9.99         PET INSURANCE       +\$       7.99         NETFLIX MEDIA       +\$       8.39         GOOGLE STORAGE       +\$       2.49         22. Your monthly expenses. Add lines 4 through 21.       22. \$       8,034.69         The result is your monthly expenses.       23a. Copy line 12 (your combined monthly income) from Schedule I.       23a. \$       8,858.07 </td <td></td> <td>17a. Car payments for Vehicle 1</td> <td>17a</td> <td>. \$</td> <td>339.00</td>		17a. Car payments for Vehicle 1	17a	. \$	339.00
17d. Other. Specify:       17d. \$ 0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).       18. \$ 0.00         19. Other payments you make to support others who do not live with you.       \$ 0.00         Specify:       19.         20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.       20a. \$ 0.00         20b. Real estate taxes       20b. \$ 0.00         20c. Property, homeowner's, or renter's insurance       20c. \$ 0.00         20d. Maintenance, repair, and upkeep expenses       20d. \$ 0.00         20e. Homeowner's association or condominium dues       20e. \$ 0.00         21. Other: Specify: RADIO SUBSCRIPTION       21. +\$ 9.99         PET INSURANCE       +\$ 58.00         HULU MEDIA       +\$ 7.99         NETFLIX MEDIA       +\$ 3.39         GOOGLE STORAGE       +\$ 2.49         22. Your monthly expenses. Add lines 4 through 21.       22. \$ 8,034.69         The result is your monthly expenses.       23a. Copy line 12 (your combined monthly income) from Schedule I.       23a. \$ 8,858.07         23b. Copy your monthly expenses from line 22 above.       23b\$ 8,034.69		17b. Car payments for Vehicle 2	17b.	. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  19. Other payments you make to support others who do not live with you.  Specify:  19.  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20d. \$  0.00  20e. Homeowner's association or condominium dues  20e. \$  0.00  21. Other: Specify: RADIO SUBSCRIPTION  21. +\$  9.99  PET INSURANCE  HULU MEDIA  NETFLIX MEDIA  GOOGLE STORAGE  4.\$  22. \$  8,034.69  24.  25. Your monthly expenses. Add lines 4 through 21.  The result is your monthly expenses.  26.  27. Calculate your monthly net income.  28. Copy line 12 (your combined monthly income) from Schedule I.  29. Subtract your monthly expenses from your monthly income.		17c. Other. Specify:	17c	. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  19. Other payments you make to support others who do not live with you. Specify:  19.  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: RADIO SUBSCRIPTION 21. +\$ 9.99 PET INSURANCE +\$ 58.00 HULU MEDIA		17d. Other. Specify:	17d	. \$	0.00
19. Other panyents you make to support others who do not live with you. Specify: 19.   19.   19.   19.     19.	18.	Your payments of alimony, maintenance, and support that you did not report as	<del></del>		<del></del>
19.		deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18	. \$	0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes 20c. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: RADIO SUBSCRIPTION 21. +\$ 9.99 PET INSURANCE +\$ 58.00 HULU MEDIA NETFLIX MEDIA GOOGLE STORAGE 22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses. 23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23c. Subtract your monthly expenses from line 22 above. 23c. Subtract your monthly expenses from your monthly income.	19.	Other payments you make to support others who do not live with you.		\$	0.00
20a. Mortgages on other property       20a. \$ 0.00         20b. Real estate taxes       20b. \$ 0.00         20c. Property, homeowner's, or renter's insurance       20c. \$ 0.00         20d. Maintenance, repair, and upkeep expenses       20d. \$ 0.00         20e. Homeowner's association or condominium dues       20e. \$ 0.00         21. Other: Specify: RADIO SUBSCRIPTION       21. +\$ 9.99         PET INSURANCE       +\$ 58.00         HULU MEDIA       +\$ 7.99         NETFLIX MEDIA       +\$ 8.39         GOOGLE STORAGE       +\$ 2.49         22. Your monthly expenses. Add lines 4 through 21. 22. \$ 8,034.69         The result is your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 8,858.07         23b. Copy your monthly expenses from line 22 above. 23b\$ 8,034.69					
20b. Real estate taxes       20b. \$       0.00         20c. Property, homeowner's, or renter's insurance       20c. \$       0.00         20d. Maintenance, repair, and upkeep expenses       20d. \$       0.00         20e. Homeowner's association or condominium dues       20e. \$       0.00         21. Other: Specify: RADIO SUBSCRIPTION       21. +\$       9.99         PET INSURANCE       +\$       58.00         HULU MEDIA       +\$       7.99         NETFLIX MEDIA       +\$       8.39         GOOGLE STORAGE       +\$       2.49         22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.       22. \$       8,034.69         23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$       8,858.07         23b. Copy your monthly expenses from line 22 above.       23b\$       8,034.69	20.				
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 21. Other: Specify: RADIO SUBSCRIPTION 21. +\$ 9.99 PET INSURANCE HULU MEDIA NETFLIX MEDIA GOOGLE STORAGE  22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses. 23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule 1. 23b. Copy your monthly expenses from line 22 above. 23c. Subtract your monthly expenses from your monthly income.					0.00
20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 21. Other: Specify: RADIO SUBSCRIPTION 21. +\$ 9.99 PET INSURANCE HULU MEDIA NETFLIX MEDIA GOOGLE STORAGE  22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses. 23. Calculate your monthly expenses. 24. Copy line 12 (your combined monthly income) from Schedule I. 25. Subtract your monthly expenses from line 22 above. 26. Subtract your monthly expenses from your monthly income.			20b	. \$	0.00
20e. Homeowner's association or condominium dues  20e. \$ 0.00  21. Other: Specify: RADIO SUBSCRIPTION  PET INSURANCE HULU MEDIA NETFLIX MEDIA GOOGLE STORAGE  22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.  23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.				· ·	0.00
21. Other: Specify: RADIO SUBSCRIPTION       21. +\$ 9.99         PET INSURANCE       +\$ 58.00         HULU MEDIA       +\$ 7.99         NETFLIX MEDIA       +\$ 8.39         GOOGLE STORAGE       +\$ 2.49         22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.       22. \$ 8,034.69         23a. Calculate your monthly net income.       23a. Copy line 12 (your combined monthly income) from Schedule I.       23a. \$ 8,858.07         23b. Copy your monthly expenses from line 22 above.       23b\$ 8,034.69		20d. Maintenance, repair, and upkeep expenses	20d	. \$	0.00
21. Other: Specify: RADIO SUBSCRIPTION       21. +\$ 9.99         PET INSURANCE       +\$ 58.00         HULU MEDIA       +\$ 7.99         NETFLIX MEDIA       +\$ 8.39         GOOGLE STORAGE       +\$ 2.49         22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.       22. \$ 8,034.69         23a. Calculate your monthly net income.       23a. Copy line 12 (your combined monthly income) from Schedule I.       23a. \$ 8,858.07         23b. Copy your monthly expenses from line 22 above.       23b\$ 8,034.69		20e. Homeowner's association or condominium dues	20e	. \$	0.00
PET INSURANCE HULU MEDIA NETFLIX MEDIA GOOGLE STORAGE  22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.  23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.	21.	Other: Specify: RADIO SUBSCRIPTION	21.	. +\$	
HULU MEDIA NETFLIX MEDIA GOOGLE STORAGE +\$ 8.39  +\$ 2.49  22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses. 23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.		· · ·		+\$	•
NETFLIX MEDIA   +\$ 8.39					
#\$ 2.49  22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.  23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.					-
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.  23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.					-
The result is your monthly expenses.  23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.		GOOGLE STORAGE		- Ψ	2.43
23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22 above. 23c. Subtract your monthly expenses from your monthly income.	22.	, . · · · · · · · · · · · · · · · · · ·	22	. \$	8,034.69
23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 8,858.07 23b. Copy your monthly expenses from line 22 above. 23b\$ 8,034.69					
23b. Copy your monthly expenses from line 22 above.  23b\$  8,034.69	23.				
23c. Subtract your monthly expenses from your monthly income.				· ·	
		23b. Copy your monthly expenses from line 22 above.	23b	\$	8,034.69
The result is your <i>monthly net income</i> .			00-	· ·	822 20
		The result is your monthly net income.	23C	. Ψ	023.30

# Case 14-14359-BFK Doc 2 Filed 11/21/14 Entered 11/21/14 16:43:47 Desc Main Document Page 11 of 15

Debtor 1 Debtor 2	Timothy Antonia		Case number (if known)	14-14359		
For	ou expect an increase or decrease in your expenses within the year after you file this form?  kample, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a cation to the terms of your mortgage?  o.					
□ \ Exp	'es. lain:					

14-14359

AVEE LABORATORIES 14440 Myerlake Cir Clearwater, FL 33760

Barclays Bank Delaware Attn: Bankruptcy P.O. Box 8801 Wilmington, DE 19899

Barclays Bank Delaware 125 S West St Wilmington, DE 19801

Cap One 26525 N Riverwoods Blvd Mettawa, IL 60045

Capital 1 Bank Attn: Bankruptcy Dept. Po Box 30285 Salt Lake City, UT 84130

Capital 1 Bank Po Box 85520 Richmond, VA 23285

CARDINAL PARK FAMILY DENTAL CARE 2 CARDINAL PARK DRIVE SUITE 204-A LEESBURG, VA 20175

CHANTILLY ORAL SURGERY 3910 CENTREVILLE RD SUITE 110 CHANTILLY, VA 20151

COLON, STOMACH AND LIVER CENTER 1250 RESTON AVENUE HERNDON, VA 20170-8102

CREDIT ONE BANK
PO BOX 60500
CITY OF INDUSTRY, CA 91716-0500

14-14359

DANV, INC. - CENTREVILLE 13880 BRADDOCK RD #301 CENTREVILLE, VA 20121-2426

FAIRFAX RADIOLOGICAL CONSULTANTS 2722 MERRILEE DRIVE SUITE 230 FAIRFAX, VA 22031

Goodyr/cbna Po Box 6497 Sioux Falls, SD 57117

HSBC RETAIL SERVICES PO BOX 71106 CHARLOTTE, NC 28272-1106

Ic Systems Inc Po Box 64378 St. Paul, MN 55164

Ic Systems Inc Po Box 64378 Saint Paul, MN 55164

IC SYSTEMS INC PO BOX 64378 SAINT PAUL, MN 55164-0378

Juniper Card Services P.O. Box 13337 Philadelphia, PA 19101

Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

LABORATORY CORPORATION OF AMERICA PO BOX 2240 BURLINGTON, NC 27216-2240

14-14359

M&T Bank PO Box 64679 Baltimore, MD 21264-4679

NATIONWIDE CREDIT CORPORATION PO BOX 1022 WIXOM, MI 48393-1022

O & O ALPAN LLC 11212 WAPLES MILL RD SUITE 100 FAIRFAX, VA 22030

Offit Kurman 8300 Boone Boulevard Suite 500 Vienna, VA 22182

Offit Kurman 8171 Maple Lawn Blvd Suite 200 Fulton, MD 20759

PATIENT FIRST PO BOX 758941 BALTIMORE, MD 21275-8941

Portfolio Recovery Attn: Bankruptcy Po Box 41067 Norfolk, VA 23541

Portfolio Recovery 120 Corporate Blvd Ste 1 Norfolk, VA 23502

PRAXIS FINANCIAL SOLUTIONS 7301 N. LINCOLN AVE SUITE 220 LINCOLNWOOD, IL 60712-1733

QUEST DIAGNOSTICS PO BOX 71303 PHILADELPHIA, PA 19176-1303

# Case 14-14359-BFK Doc 2 Filed 11/21/14 Entered 11/21/14 16:43:47 Desc Main Document Page 15 of 15

14-14359

RADIOLOGY IMAGING ASSOCIATES MAILSTOP 15127834 PO BOX 660064 DALLAS, TX 75266-0064

UNITED CONSUMERS PO BOX 4466 WOODBRIDGE, VA 22194-4466

Unknown 10506 Wakeman Driv Fredericksburg, VA 22407